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Bib Data Sheet

CONFIRMATION NO. 4472

<b>SERIAL NUMBER</b> 09/774,510	<b>FILING DATE</b> 01/31/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2167	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Ronald A. Smith, Diamond Bar, CA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/13/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance <input type="checkbox"/> 11-5-04 Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> Ronald A. Smith Suite 303 556 N. Diamond Bar Blvd. Diamond Bar, CA 91765				
<b>TITLE</b> System and method for automated scheduling of temporary medical professionals				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	